Well Child Exam

Early Adolescence 11 to 14 Years

11-14 years

Date									
Patient Name		DOB	Sex	Parent Name					
Allergies			Current Medications						
Prenatal / Family History				Ethnicity					
Weight	Percentile	Height	Percentile	BMI	Temp.	Pulse	Resp.	BP	
	%		%						

Interval History

(include injury/illness, visits to other health care providers, changes in family or home)

____

____

Nutrition

- ☐ Grains _______ servings per day
- ☐ Vegetables _______ servings per day
- ☐ Fruits _______ servings per day
- ☐ Milk _______ servings per day
- ☐ Meat/Beans _______ servings per day
- ☐ City water ☐ Well water
- ☐ Bottled water ☐ Fluoride prescribed

Elimination

☐ Normal ☐ Abnormal

Sleep

☐ Normal ☐ Abnormal

Menstrual

☐ Premenarchal ☐ Normal ☐ Abnormal

Screening

Hearing

- ☐ Screening audiometry, if not done previously
- ☐ Parental observation/concerns

Vision

- ☐ Visual acuity
  _____R _____L _____Both
- ☐ Parental/child observation/concerns

Procedures

If High Risk:

- ☐ IPPD _________ (result)
- ☐ Hct or Hgb ______(result) (Required annually in menstruating females)
- ☐ Cholesterol ______(result)
- ☐ STD Screening _______(result)
- ☐ Pelvic Exam _______(result)
- ☐ Urine Test _______(result)

Immunizations

- ☐ Immunizations Reviewed, Given & Charted – *if not given, document rationale*
- ☐ MCIR checked/updated ☐ VIS given
- ☐ Flu if high risk ☐ Pneumonia if high risk

Developmental Questions and Observations on Page 2

Next Well Check: _________ **years of age**

Provider Signature:

Patient unclothed ☐ Y ☐ N

Review of Symptoms N	Review of Symptoms A	Physical Exam N	Physical Exam A	Systems
☐	☐	☐	☐	General appearance
☐	☐	☐	☐	Skin/nodes/rash
☐	☐	☐	☐	Head/fontanel
☐	☐	☐	☐	Eyes
☐	☐	☐	☐	Ears
☐	☐	☐	☐	Nose
☐	☐	☐	☐	Oropharynx
☐	☐	☐	☐	Gums/palate
☐	☐	☐	☐	Neck
☐	☐	☐	☐	Lungs
☐	☐	☐	☐	Heart/pulses
☐	☐	☐	☐	Abdomen
☐	☐	☐	☐	Genitalia
☐	☐	☐	☐	Spine
☐	☐	☐	☐	Extremities/hips
☐	☐	☐	☐	Neurological

- ☐ Normal Growth and Development
- ☐ Tanner Stage ___________
- ☐ Abnormal Findings and Comments

If yes, see additional note area on next page

Results of visit discussed with child/parent

☐ Y ☐ N

Plan

- ☐ History/Problem List/Meds Updated
- ☐ Referrals
  - ☐ Children Special Health Care Needs
  - ☐ Dental
  - ☐ Transportation
- ☐ Priority Health Case Mgmt 800 998-1037
- ☐ Other ________________________________

Anticipatory Guidance / Health Education (√ if discussed)

Healthy and Safe Habits

- ☐ Avoid alcohol, tobacco, drugs, inhalants
- ☐ Limit TV, video, and computer games
- ☐ Ensure physical activity & adequate sleep

Injury and Illness Prevention

- ☐ Seat belt use
- ☐ Swimming/water safety
- ☐ Use bike helmet/protective sporting gear
- ☐ Gun and weapon safety

Mental Health

- ☐ How to handle feeling sad/angry/fearful
- ☐ How to handle stress & disappointment

Nutrition

- ☐ Healthy weight/body image/dieting (anorexia, bulimia)
- ☐ Teach nutritious and healthy food choices

Oral Health

- ☐ Schedule dental appointment
- ☐ Brush and floss teeth
- ☐ No smoking/chewing tobacco
- ☐ Limit sweets/soda

Sexual Development and Education

- ☐ Discuss puberty, development, contraception, STIs, Chlamydia
- ☐ Normal sexual feelings/delaying sex
- ☐ Learn how to say no to sex

Social Competence and Responsibility

- ☐ Peer relationships
- ☐ Home, school, community rules
- ☐ Discuss chores & household responsibilities
- ☐ Discuss ways to handle anger/resolve conflict
- ☐ Participation w/social and school activities

Family Support and Relationships

- ☐ Eat meals as a family
- ☐ Spend family time together
- ☐ Encourage positive interaction with siblings, teachers, and friends
- ☐ Discuss parental limits and consequences

School & Community Interaction

- ☐ Discuss school transitions/ability to adapt
- ☐ Look for and pursue talents & interests
- ☐ Encourage participation with peer activities
- ☐ Encourage to volunteer/participate with religious, school, or community activities

continued >

Date	Patient Name	DOB

Developmental Questions and Observations

You may use the following screening list, or an age-appropriate standardized developmental instrument or screening tool.*

Ask the parent to respond to the following statements about the child:

Yes	No	
☐	☐	Please tell me any concerns about the way your child is behaving or developing.

____

☐	☐	My child eats breakfast every day.
☐	☐	My child is doing well in school.
☐	☐	My child has one or more close friends.
☐	☐	My child handles stress, anger, frustration well, most of the time.
☐	☐	My child seems rested when he/she awakens.
☐	☐	My child enjoys at least one activity and/or interest.
☐	☐	My child joins in family activities.
☐	☐	My child's activities are supervised by adults I trust.

Ask the parent to respond to the following statements:

Yes	No	
☐	☐	I am proud of my child.
☐	☐	I talk to my child about alcohol, drugs, smoking, and sex.

Ask the child to respond to the following statements:

Yes	No	
☐	☐	I feel good about my friends and school.
☐	☐	I know what to do when I feel angry, stressed, or frustrated.
☐	☐	I enjoy school.

*Please note: Formal developmental examinations are recommended when surveillance suggests a delay or abnormality, especially when the opportunity for continuing observation is not anticipated. *(Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents)*

Additional notes from pages 1 and 2:

____

____

Family History Update

Since your last visit, have there been any changes in your family history? Include:

☐ Deaths: who ______________________ what age _____________________

☐ New medical diagnosis: who _________________ what age __________________

☐ Anything else in your family history you have concerns or questions with: (Refer to Family History form)

Staff Signature: ___________________________________ **Provider Signature:** _________________________________

This HME form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Association of Health Plans, and Michigan Association of Local Public Health. Adapted with permission by Priority Health 9/06.

Patient Education:

Your Child's Health at 11-14 Years

Milestones: Ways your child is developing between 11 and 14 years

- Most children get their second molars (back teeth) between 12 and 13. Talk with your dentist about sealants. Your child should floss daily.
- Between the ages of 10 and 14 many girls will begin to grow breasts and pubic hair and begin their periods.
- Between 10 and 14 many boys will begin to grow pubic hair and they may notice their scrotum and penis begin to change. Their voice may change and they may start to grow facial hair.
- Many boys and girls will have a growth spurt sometime between 10 and 15.
- Your child may have a hard time making good choices and may feel pushed to make bad choices in order to fit in with kids at school.

Safety Tips

- Tobacco, drugs, and alcohol are often offered to teenagers. Practice "saying no" with your child.
- Teach your child gun safety. He/she should never play around with guns. If you keep guns or rifles in your home, make sure they are unloaded and locked up.
- Teach your child to walk away if he/she sees someone with a gun or other weapon and then report it to a trusted adult.
- Teach your child to always wear a seatbelt in the car and to sit in the back seat until he/she reaches adult height and weight.
- It's important for your child to use the correct sports equipment and safety gear. Make sure it fits your child well.

Health Tips

- Growth happens at different times for everyone. This can worry a child. If he/she has not begun to have growth changes by age 14, talk with the doctor.
- Your child will need booster "shots" at this age. Talk with your child's doctor and make sure your child has had all of the shots he/she need.
- Your child should exercise in addition to physical education classes during school.
- It is important that your child eat healthy foods and snacks.

Parenting Tips

- Talk with your child about the changes in their body before and as the changes happen. Explain that these are signs of growing up and it can be exciting, but can also be scary.
- Your child may be more emotional and sometimes rude or angry. Sometimes he/she may feel sad, nervous, or worried and things may not be going right. Talk with your child about his/her feelings. Help find him/her a counselor if needed.
- Talk with and let your child know that sexual feelings are normal, but to delay having sex. Explain safe sex and the risk of Chlamydia and other STI's.
- Your child is growing mentally. You can help his/her thinking skills by asking him/her to solve problems.
- Talk about why teenagers should not use drugs and alcohol. Set a good example for your child.
- Teach your child how to deal with peer pressure.
- Encourage your child to join school or sporting activities.
- Talk with your child about his/her interests and activities.

For Help or More Information

Priority Health
Customer Service 616 942-1221 or 800 446-5674
Medicaid 888 975-8102
Behavioral Health 616 464-8500 or 800 673-8043
priorityhealth.com

Mental Health
Association for Children's Mental Health (ACMH)
888 226-4543

Domestic Violence
National Domestic Violence Hotline
800 799-SAFE (7233)

Child Abuse and Neglect Information Hotline
800 942-4357
Michigan Coalition Against Domestic &
Sexual Violence
517 347-7000

Parenting Skills or Support
Parents Hotline 800 942-4357
Family Support Network of Michigan
800 359-3722

Prevention of Unintentional Childhood Injuries:
National Safe Kids Campaign
Safe Gun Storage Information
202 662-0600
www.safekids.org

Fire Safety
Talk with firefighters at your local fire station

Poison Prevention
Call the Poison Control Center
800 222-1222

Resources for teens and their parents
www.kidshealth.org
www.teenwire.com (sexuality information for teens)

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